<div style="border: 1px solid black; padding: 10px;">

Crisis Only Utilization Rates Per Client - Medicaid Population by RSN.

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Operational Definition: Average number of crisis only service hours per Medicaid client in a Fiscal Year by RSN.

Operational Measure: This is calculated by dividing the number of crisis only hours of service to Medicaid clients by the number of Medicaid clients only receiving crisis services in a Fiscal Year by RSN.
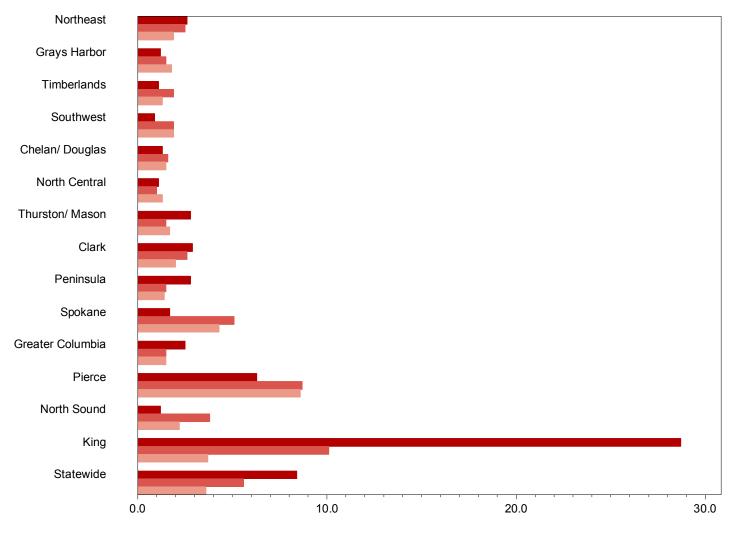
Formulas:

$$\frac{\text{Number of crisis only outpatient hours to Medicaid clients in Fiscal Year by RSN}}{\text{Number of Medicaid clients receiving crisis outpatient only services in Fiscal Year by RSN}}$$

Discussion: The table shows the total number of consumers in the RSN who received crisis only services and the total number of hours of crisis only services delivered. By dividing the two numbers, the average hours of crisis only services per client is calculated. The average number of crisis-only hours has declined significantly across the 3 Fiscal Years. This is primarily due to changes in the reporting of crisis services by King RSN.

Data Notes:
• Crisis services are defined as services reported by RSNs to the MHD using codes contained in the Medicaid State Plan Modality Crisis Services.
• King RSN included 24-hour crisis services in their reporting of crisis services, which inflated the number of crisis-only services in CY2003. This inconsistency has been corrected, but impacted FY03 and half of FY04.
• RSN counts show the number of unduplicated clients within each RSN (i.e. a person is counted once in each RSN where they receive services).
• The State total is unduplicated across all RSNs (i.e. each person is only counted once in the Statewide total even though they can be counted in more than one RSN).
• In FY2005, Peninsula RSN shows an increase in crisis only services due to an increased reporting of CDMHP phone calls.
• For penetration rates, a client is counted in the Medicaid served population if they were Medicaid enrolled and received a service at any point during that Fiscal Year. If a client falls on and off of Medicaid eligibility within the same Fiscal Year, they were counted in both the Medicaid and non-Medicaid served populations. Adding the Medicaid and non-Medicaid clients served produces a duplicated count of clients served.
• For the calculation of utilization rates, a service is considered Medicaid funded if the client was Medicaid enrolled at the time the service was delivered. A service is considered non-Medicaid if the client was not enrolled in Medicaid at the time the service was delivered.
• Medicaid enrolled counts are taken from the Mental Health Division (MHD) Ad-Hoc reporting system.

Crisis Only Utilization Rates Per Client - Medicaid Population by RSN.

RSN	FY-2003			FY-2004			FY-2005		
	Served	Total Hours	Avg. Hours	Served	Total Hours	Avg. Hours	Served	Total Hours	Avg. Hours
Northeast	62	160	2.6	24	60	2.5	101	192	1.9
Grays Harbor	209	241	1.2	162	235	1.5	177	324	1.8
Timberlands	236	256	1.1	209	390	1.9	243	311	1.3
Southwest	341	313	0.9	236	442	1.9	220	411	1.9
Chelan/ Douglas	163	204	1.3	97	155	1.6	143	209	1.5
North Central	51	57	1.1	55	54	1.0	83	105	1.3
Thurston/ Mason	421	1,188	2.8	334	496	1.5	391	651	1.7
Clark	473	1,385	2.9	496	1,310	2.6	503	1,008	2.0
Peninsula	318	889	2.8	410	623	1.5	615	861	1.4
Spokane	353	596	1.7	426	2,188	5.1	609	2,608	4.3
Greater Columbia	698	1,750	2.5	932	1,364	1.5	985	1,511	1.5
Pierce	1,916	12,052	6.3	1,895	16,478	8.7	1,581	13,674	8.6
North Sound	1,272	1,479	1.2	1,635	6,138	3.8	1,613	3,497	2.2
King	1,676	48,078	28.7	1,785	17,967	10.1	1,379	5,162	3.7
MHD/ Unassigned	27	218		30	308		23	92	
Statewide	**8,159**	**68,864**	**8.4**	**8,663**	**48,209**	**5.6**	**8,600**	**30,618**	**3.6**